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Held at Headquarters, New York,
on Tuesday, 14 July 1992, at 10 a.m.

President: Mr. MROZIEWICZ (Poland)

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The meeting was called to order at 10.25 a.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEME:

(b) PREVENTION AND CONTROL OF HIV/AIDS AND PROGRAMMES ADDRESSED TO THE MITIGATION OF ITS NEGATIVE SOCIO-ECONOMIC CONSEQUENCES (continued) (E/1992/67; E/1992/NGO/1, 3, 6)

Mr. PETERS (Office of the United Nations High Commissioner for Refugees) said that every aspect of a refugee's life could be affected by HIV infection, which, above all, could jeopardize the protection to which refugees were entitled from the international community. There was no epidemiological evidence to suggest that refugees were at greater risk than the general population of any host country; they should therefore be subject only to the AIDS-control measures applied to people at large. Mandatory screening of refugees, and the exclusion of those found to be seropositive, not only contravened the principles of international protection but failed to prevent the spread of the disease and could accentuate misconceptions and xenophobia. Refugees affected by the HIV virus should benefit from the care and assistance programmes available to nationals, on the basis of international burden-sharing where necessary.

In determining overall policies and strategies to combat the spread of HIV/AIDS, UNHCR collaborated closely with WHO. At the national level, it cooperated with ministries of health and other authorities, aiming to ensure that refugees were covered by host countries' national AIDS programmes without discrimination, and advocating internationally accepted standards in education and prevention, staff training, technical support, monitoring and counselling.

Any screening of refugees in the context of arrangements applied to all immigrants must ensure dignity and confidentiality, and refugees found to be seropositive should have the benefit of automatic waivers of immigration

(Mr. Peters)

restrictions, which might be the only alternative to indefinite wandering or a return to persecution. In all refugee situations in which HIV/AIDS was an issue, internationally accepted medical standards, human rights and the principles of protection made cooperation between individual States and UNHCR essential.

Mr. BUTLER (Australia) said that HIV/AIDS posed a major non-military threat to world security: it affected whole populations; it gravely weakened a nation's viability; it transcended national boundaries; and it could undermine a State's security and stability. Like other major non-military world menaces such as drug trafficking and environmental pollution, it could be addressed only through a major effort of international cooperation.

Such cooperation should be based primarily on suitable national policies, which must include a thorough HIV testing programme, an efficient reporting system and adequate programmes of education, prophylaxis and care. Accordingly, the foremost priority of international efforts should be to support national programmes. A second objective should be the utmost coordination among international agencies. As described in the Secretary-General's report (E/1992/67), such coordination already existed through bodies such as the Global Management Committee for the WHO Global Programme on AIDS (WHO/GPA), the WHO/UNDP Alliance to Combat AIDS and the Inter-Agency Advisory Group on AIDS. But a much greater effort was needed; therefore, his delegation welcomed the proposal to establish a coordination forum, which would be critical for achieving a consensus approach to an effective, sustainable international programme.

The HIV/AIDS pandemic was a threat not only to States but to individuals, since it was all too often viewed as a disease of marginalized sectors in the community. International agencies and non-governmental organizations should collaborate in a cross-sectoral approach towards mitigating the social and medical impact on key population groups, by assuring them of their human rights. To tackle such issues successfully called for global as well as bilateral coordination.

The threat caused by HIV/AIDS to the security of States stemmed largely from the fact that, once the exposure of a population had reached a certain

(Mr. Butler, Australia)

level, the sheer magnitude of the costs threatened the State's viability. States must act swiftly in the face of what the Security Council itself had deemed a major non-military threat to world security, as reflected in the Secretary-General's report (E/1992/67). Existing and planned coordination activities must continue; but the next essential step was to establish the proposed coordination forum without delay.

Mr. GORELIK (Russian Federation) said that the Secretary-General's report and the information provided by the representatives of the specialized agencies reflected the gravity and complexity of the HIV/AIDS pandemic and the need for urgent, vigorous measures to counter that threat. The need for coordination was vital, and his delegation welcomed the focus, during the high-level segment, on coordination within the United Nations system.

The revised Global AIDS Strategy provided an overall policy framework for promoting national and international efforts. His delegation appreciated the existing mechanisms for coordination within the United Nations system, including the WHO/UNDP Alliance and the Inter-Agency Advisory Group on AIDS. It also welcomed the decisions taken at the recent meetings of the governing bodies of UNDP and UNICEF, and in the WHO/GPA Global Management Committee. The latter's recommendations directly related to the Council's current agenda, and involved recognition of the Inter-Agency Advisory Group on AIDS as the central body for exchange of views and experience within the United Nations system.

The proposed coordination forum was a positive step in that it would involve not only agencies of the United Nations system but also other international organizations, States and non-governmental organizations. The United Nations system was responding commensurately to the challenge, and the coordination forum would be expected to provide the requisite solidarity in gathering and distributing scientific and medical data as well as in mobilizing the requisite resources.

Although country-level situations varied widely, a system-wide response to the HIV/AIDS pandemic was appropriate provided that it was applied flexibly, facilitated the exchange of information and clearly delineated responsibilities and operational activities. The main thrust, however, must

(Mr. Gorelik, Russian Federation)

come from efforts at country level. There again, no single "modular" coordination mechanism would suffice; each country could and should develop its own system, supported by the experience of the WHO/UNDP Alliance and its clear distribution of roles.

It was vital, in country programmes, for prophylactic and other medical measures to be supplemented by adequate social action in favour of the most vulnerable groups such as women, young persons and orphans. Support for such programmes should involve the use, as far as possible, of resources for existing programmes which had an AIDS-campaign component.

Many interesting ideas and proposals had been put forward during the current discussion, at the end of which the Council would be required to make recommendations on coordination priorities and methods. They might be taken up by the Global Management Committee at its November 1992 meeting and by the Committee for Programme and Coordination in following up the Council's recommendations and proposing suitable alternative approaches where necessary.

In order to make discussion in the coordination segment of the Council's sessions as fruitful as possible, inter alia through timely documentation, topics should be selected in good time, preferably at the Council's previous regular session.

Ms. FREUDENSCHUSS-REICHL (Austria) noted that during the past year the AIDS pandemic had spread alarmingly in the developing countries, especially in sub-Saharan Africa; heterosexual transmission was increasing throughout the world, and even more women and children had thus become infected. The situation made a multisectoral approach even more essential. Her delegation supported the four key principles set out in paragraph 60, and the recommendations made in paragraph 68, of the Secretary-General's report (E/1992/67); it agreed that more effective mechanisms for country-level coordination should be evolved, and welcomed the readiness of the various United Nations bodies to engage in dialogue with delegations. Austria, as a member of the Global Management Committee, fully endorsed the latter's recommendations; it welcomed the proposal to establish an AIDS coordination forum and looked forward to more specific proposals at the Management Committee's November 1992 meeting. It also appreciated the work of the Director and the staff of the WHO Global Programme on AIDS.

(Ms. Freudenschuss-Reichl, Austria)

Austrian domestic legislation on AIDS conformed to relevant international recommendations, especially those of WHO. Its provisions focused on prevention and information, and avoided mandatory measures wherever possible, the primary aim being to prevent new infection and combat discrimination and complacency. Future measures would pay even greater attention to recent changes in general conduct and take into account the knowledge accumulated about the various risk groups. The increasing demands created by the pandemic at country, regional and global levels called for more political commitment to deal with the factors which still impeded prevention and control efforts, such as ignorance, complacency, stigmatizing of sufferers, women's subordinate status, taboos on discussion of sex and the woefully inadequate human and financial resources. Daunting as those problems were, they must be confronted if AIDS was to be ultimately prevented and controlled.

Finally, she agreed with the previous speaker that topics for discussion in the coordination segment should be chosen well in advance.

Mr. OUTLULE (Botswana) welcomed the link between the high-level and coordination segments on the topic under discussion. As indicated in the Secretary-General's report (E/1992/67), many of the countries most affected by AIDS were among the poorest and the most burdened by debt and by the implementation of economic adjustment programmes. In many developing countries, particularly in sub-Saharan Africa, ill-health stemmed mainly from poor social and economic conditions; and opportunistic infections such as tuberculosis tended to be the dominant cause of death among AIDS patients in those countries. Although knowledge of the HIV/AIDS pandemic had become more widespread, much still needed to be done to educate the public, dispel misconceptions and provide support for sufferers. The task required financial and human resources beyond the capacity of most developing countries; international cooperation must therefore play a pivotal role. In that regard, he agreed with the representative of Australia on the magnitude of the non-military threat to world security posed by the AIDS pandemic.

The Southern African Development Coordination Conference (SADCC) coordinated its member States' efforts in many sectors of economic activity, but not in regard to the HIV/AIDS pandemic. He felt, therefore, that regional

(Mr. Outlule, Botswana)

and subregional organizations should be encouraged to develop coordination projects to combat it; he would like the representatives of the specialized agencies to comment on how to do so and how they could contribute. He would also welcome the World Bank's views on the possibility of organizing subregional workshops on the outcome of studies such as those being done in the United Republic of Tanzania and Uganda on the potential socio-economic impact of HIV/AIDS; and he asked what FAO was doing to counteract the consequences of the pandemic, referred to in the Secretary-General's report, on agricultural production, especially in sub-Saharan Africa.

He requested the representatives of WHO and UNDP to tell the Council how the information stemming from their studies on relevant legal, ethical and human rights issues, including immigration policies and laws affecting persons with HIV/AIDS, would be used or disseminated. That information would also be very useful at the national level. Comments on ways to help countries, neighbouring States in particular, to harmonize policies would likewise be welcome. He would also appreciate more details on the assistance that WHO, UNICEF, UNDP and the World Bank were rendering to Governments in order to cope with the growing costs of health care and other assistance for orphans, families and communities, including the difficulties encountered and success achieved.

Mr. AGUILAR-HECHT (Observer for Guatemala) said that AIDS was a complex issue involving questions of moral behaviour, changing attitudes and perceptions, social practices, rites, customs and religion, in addition to its human and economic and social dimensions. The disease respected no boundaries of class, race, religion, age or sex and its adverse socio-economic impact on both developed and developing countries could not yet be measured. However, the figures were alarming and it was estimated that 18 million people would have developed AIDS by the year 2000, many of them women and children.

AIDS was more alarming than other devastating diseases such as malaria and cholera in that there was no cure available or in prospect and because it mainly affected the economically productive segment of the population, in which substantial resources had been invested, but whose contribution to

(Mr. Aguilar-Hecht, Observer, Guatemala)

development and society would be cut short. In addition, many thousands of children would grow up as orphans and the resources necessary to provide and care for them were not available.

He welcomed the community development programmes being undertaken in regions such as sub-Saharan Africa and hoped that they would serve as an example to other countries. Exchange of experiences was vital and the United Nations enjoyed a comparative advantage in that field, particularly as regards coordination activities, although duplication of work must be avoided. He commended the leading role played by WHO and felt that the work carried out by UNDP, UNICEF and UNFPA was important and in keeping with the requirements of the Global AIDS Strategy, particularly as regards the additional goals defined in 1991.

Although the epidemic had not assumed alarming proportions in his own country, emphasis was being placed on prevention and dissemination of information. One major source of concern was the limited access to the drugs which might be necessary for those infected, as well as their high cost. Many of his country's workers were employed abroad on a temporary basis and were likely to have been exposed to the HIV virus prior to their return. Genuine openness and more effective cooperation on the part of the technologically more advanced countries were therefore vital, as well as greater transparency and increased flows of information. He acknowledged the existence of intellectual property rights and patents, but felt that in the case of AIDS a more humanitarian, less business-oriented approach was needed. Developing and developed countries should have equal access to any cures or possible cures which became available.

Given the scarcity of resources, the United Nations efforts to combat AIDS had been commendable, but it was important to ensure that the resources used were genuinely additional and not reallocated from other essential economic and social development programmes. As poverty increased and the struggle to provide basic necessities grew more difficult, an effective global campaign was needed to equip the developing countries with the necessary health-care facilities and meet the needs of orphans and those born with the HIV infection. Finally, it was essential to show solidarity with those affected and avoid social stigmatization.

Ms. SEMAFUMU (Observer for Uganda) said that it was vital to ensure coordination and avoid duplication in the wide range of activities carried out by United Nations agencies. It was clear from the adverse effects of the AIDS pandemic on the least developed countries that there was a close link between the state of a country's economy and the health of its people. Inadequate health-care facilities increased the chances of infection, while malnutrition increased vulnerability to opportunistic diseases, and unemployment and low pay made high-risk activities such as prostitution seem attractive.

In her country a special commission was working together with the relevant ministries to coordinate the different bodies involved in the fight against AIDS, but the programme faced the usual constraints experienced by developing countries, and national capacity-building was vital if a sustainable response was to be maintained.

She commended the role played by WHO as the lead agency but felt that UNDP was in a unique position to combat the social impact of AIDS. It was therefore vital to strengthen the WHO/UNDP Alliance to Combat AIDS in order to ensure an integrated approach, for which the WHO Global Programme on AIDS should serve as an effective framework. Improved coordination was also needed among United Nations bodies, bilateral donors, and non-governmental and intergovernmental organizations, and the proposal for a global AIDS coordination forum was welcome in that context.

In the absence of a cure, the major focus must be on prevention and control, but poverty, illiteracy and ignorance were serious obstacles to such action, and an innovative community-based approach was needed, targeting those communities where the population was difficult to reach.

According to the Secretary-General's report (E/1992/67), some progress had been achieved in assessing the social and economic impact of the AIDS pandemic, but urgent action was needed to provide a proper foundation for planning. In that connection, she would welcome information from the Secretariat concerning the interval necessary between the development of policies and their actual implementation.

Even if increased coordination was achieved, additional resources would still be required and good will must be displayed by donor countries if the

(Ms. Semafumu, Observer, Uganda)

less affluent countries were to combat AIDS effectively, while sustaining economic reform programmes and pursuing development goals.

She shared the concern expressed by the representative of Botswana regarding economic cooperation, which was one area where the strategy was weak, and would also welcome information from United Nations agencies concerning the methods they used to assess behavioural change when attempting to formulate prevention programmes. In addition, she wanted to know whether the life-prolonging drugs available for AIDS patients in the developed world would also be made available to developing countries.

Mr. MERSON (World Health Organization), replying to the questions raised by the representative of Botswana, said that the WHO/GPA Global Management Committee had discussed the possibility of convening regional, subregional and global meetings, possibly involving heads of State, and noted that a summit of health ministers had been held on the subject in 1988. However, a more effective approach would be to seek to put AIDS on the agenda of regional and subregional organizations, as had been done recently with the Organization of African Unity and the Commonwealth heads of State. WHO supported all such meetings and hoped to see them held more frequently in all parts of the world in future. WHO was also collaborating with the World Bank in convening regional seminars on various aspects of AIDS, the first of which should be held later in the year in either central or east Africa.

Immigration policy and legislation were a matter of great concern to WHO, which had recently undertaken a study of short-term travel policies. Replies had been received from 100 countries and it was clear that many countries had discriminatory legislation or regulations. With specific reference to the situation in Africa, WHO had recently convened a meeting in Malawi with various countries of southern Africa at which immigration policy had been discussed in depth. Useful proposals had been put forward as to how agencies could work together with Governments in attempting to change legislation in order to prevent discrimination against HIV-infected persons with regard to travel, employment, insurance and other matters.

(Mr. Merson, WHO)

In reply to the question by the representative of Uganda concerning the social and economic impact of AIDS, he noted that many research studies were being carried out by United Nations agencies and other bodies, and a considerable stock of information was now available. WHO had published a report on the subject and the matter would be discussed at the meeting of the Inter-Agency Advisory Group on AIDS in November 1992, with a view to achieving a coordinated United Nations response in disseminating information from all available sources.

With regard to behavioural change, WHO had developed a set of 10 primary-prevention indicators which it recommended that countries should use for assessing the impact of their preventive measures. It was now attempting to devise methods for evaluating those indicators with a view to making them widely available to Governments. Efforts to combat sexually transmitted diseases had previously concentrated on treatment, but in the case of AIDS the focus had to be switched to behavioural change, a field in which it was difficult to identify reliable indicators.

On the question of drugs, he pointed out that, because anti-retroviral agents were expensive, of limited efficacy and caused side effects, greater emphasis was being placed on providing anti-fungal drugs to combat opportunistic infections and to treat tuberculosis, which was prevalent in 30 to 50 per cent of AIDS sufferers. Nevertheless, some Governments were anxious to obtain anti-retroviral drugs and WHO was working together with UNDP and the pharmaceutical industry in an effort to provide them at lower cost to the public sector in developing countries. In addition, therapeutic vaccines to prevent both HIV infection and the onset of AIDS were under development, and field trials would be held in the near future. For the moment, however, the focus must be on prevention.

Ms. KORPI (Finland) said that it was increasingly clear from the debates that women and children were the categories of the population most at risk. Since the gender disparity was unlikely to disappear and there was little prospect of correcting the power imbalance between men and women in social and interpersonal relations, something must be done if women were to protect themselves from the threat of HIV/AIDS and its consequences. She

(Ms. Korpi, Finland)
would welcome information from the agencies on how they were collaborating on programmes to enable women to protect themselves and their children. Since no single agency was responsible for women's issues, all the agencies should address the question.

Given the complexity of the whole gender issue, she proposed that the subject of gender disparity and the advancement of women should be placed on the agenda for the coordination segment in 1993, since the Council needed to deal with the matter in a coherent way.

Ms. KILLINGSWORTH (Food and Agriculture Organization of the United Nations), replying to the concern expressed by the representative of Botswana regarding the impact of AIDS in terms of labour shortages and reduced agricultural production, said that her organization had conducted studies in southern, central and eastern Africa on the potential impact of the pandemic on food production systems which had revealed the existence of growing labour shortages and a consequent reduction in the areas under cultivation, as well as highlighting problems concerning land tenure arrangements for orphaned juveniles. Food security was also a major problem and stable food supplies would have to be provided for the survivors of affected households. All those factors needed to be taken into account when planning policy. An appropriate framework would be the Technical Services Support at th programme level (TSS-1) and FAO hoped to collaborate in a TSS-1 project to be undertaken in selected east African countries which would study labour supply, farm systems, farm incomes and nutrition at household level in rural communities.

Finally, she stressed that FAO was ready and willing to cooperate under the Global Programme on AIDS, but reiterated that additional resources were required.

Ms. TCHEKNAVORIAN (United Nations Industrial Development Organization) said that it was important to remember the industrial and economic aspects of the AIDS programme. Her organization was playing an important role in providing developing countries with AIDS-related medical products, such as syringes and condoms, and equipping them with the industrial infrastructure necessary to sustain national strategies. Without such

(Ms. Tcheknavorian, UNIDO)

efforts, they would remain dependent on donations and external supplies. It was vital to ensure that such factors were taken into consideration in the context of inter-agency cooperation.

Mr. HAMMARSKJÖLD (Sweden) said that one area of concern, on which the representative of ILO in particular might wish to comment, was discrimination against those suffering from HIV/AIDS in the workplace. It would also be helpful to hear what progress had been made in implementing the decisions of the WHO/GPA Global Management Committee. A further query related to the extent to which the HIV/AIDS pandemic was being addressed, within the wider context of development problems, in discussions in consultative groups and round tables.

Mrs. SCHAUDINN (United Nations Educational, Scientific and Cultural Organization) said that in regard to HIV/AIDS education, her organization had been cooperating with WHO on school programmes, and on providing information for educators and educational administrators at the regional level. It would like to expand its activities in relation to AIDS information centres, which had already been established in Paris and Bangkok. A further centre was planned for Dakar. UNESCO was very satisfied with WHO's lead role in coordinating the campaign against AIDS.

Mr. MALLYA (United Republic of Tanzania) asked whether research institutes in Africa were collaborating with WHO in the search for a vaccine against AIDS and treatment for the disease.

Mr. SHERRY (United Nations Children's Fund), replying to questions raised by the representatives of Botswana and, at an earlier meeting, Turkey, said that by the year 2000 some 10 million children in sub-Saharan Africa would have been orphaned by AIDS. Given that the total official development assistance from all sources was $250 million and if that sum were devoted solely to the cause of such orphans, no more than $25 per child per year would be available by way of international assistance. Although the problem of orphans was not new, the social stigma attached to AIDS made community-based care more difficult, and institutionalization was unaffordable.

UNICEF sought to eliminate the social stigma and safeguard children's rights under the Convention on the Rights of the Child. It was also important

(Mr. Sherry)

to provide help well before AIDS led to the death of a parent and to publicize information on the implications of the disease for child-bearing.

Mr. DECOSAS (Canada) asked about procedures with regard to recommendations emerging from the discussion.

Mr. STOBY (Director, Economic and Social Council Affairs and Inter-Agency Division) said that the Secretariat had prepared a list of recommendations, which could be reviewed by the members of the Bureau and circulated to the Council. Subsequently, they would be discussed with delegations in order to provide guidelines for the Council's decisions.

Mr. OUTLULE (Botswana) said that the production of syringes and other medical equipment was of great importance in the prevention of AIDS. The Council might consider ways in which the manufacture of such equipment could be coordinated, particularly at regional level and at minimum cost.

Mr. MERSON (World Health Organization) said that the availability of syringes and other medical materials was indeed a serious problem in the developing world, but that it was not confined to AIDS. UNICEF, it should be pointed out, had done much to provide such disposable materials in the context of its immunization programme. The supply of condoms, however, was a family-planning issue.

Problems relating to women had not so far elicited a coordinated response, although agencies were active in that respect.

Replying to the question raised by the Tanzanian representative, he said that research was indeed under way in Africa, and in particular in the United Republic of Tanzania, with regard to AIDS, to study its epidemiological aspect.

Mr. HADDAD (World Bank) said that AIDS-related studies on the situation in Africa were in preparation. The World Bank was also working on a study of the long-term economic impact of AIDS, which was expected to be available in 1994.

Ms. TCHEKNAVORIAN (United Nations Industrial Development Organization) said that UNIDO could make a contribution in advising on the local manufacture of latex, a sensitive area. She agreed with various speakers that, particularly in rural areas, women could be encouraged to achieve greater economic independence, which could only be of benefit to the campaign against AIDS.

Mr. MAYRHOFER-GRUNBUHEL (United Nations Office at Vienna) said that the social and economic status of women deprived them of the capability of controlling their own lives. Without such independence there could be no changes in the family structure. The Centre for Social Development and Humanitarian Affairs was the primary Secretariat body responsible for the advancement of women, and coordination of its efforts in their behalf with those of other agencies was at the forefront of its concern.

Ms. REID (United Nations Development Programme) said that UNDP fully endorsed the view that national capacity-building was important, to which end the Programme pursued a dialogue with Governments and communities.

In the context of AIDS control, UNDP had sought to buttress existing support machinery in a systematic manner by devising policy frameworks and delivery mechanisms. At the same time the Programme was seeking to elicit a complementary response from Governments, an approach that often involved bringing together government and community representatives on specific issues.

Coordination on AIDS control, which had so far been mainly bilateral, must be emphasized, with particular attention to coordination at women's and development forums. The question of the availability of resources also needed to be addressed.

With regard to measures to assess behavioural change, WHO had taken the lead in developing specific indicators. UNDP was attempting to see whether work in local communities could be systematized in the form of a country-based approach. Resident representatives were now raising AIDS-related issues in the general context of national development. UNDP would make use of its Special Programme Resources to review past initiatives so as to ascertain what strategies were effective. Such an approach would be of relevance for any global coordination forum that was established. In view of the numbers of people concerned with AIDS-related issues in a given country, it might be difficult to establish national forums; decentralized mechanisms might be more effective.

Mr. ORLIANGE (France) said that the Council must not lose sight of the fact that AIDS was a medical problem and not allow itself to wander into a debate involving every issue of interest to the United Nations system, as seemed to be happening.

Mr. GUERRERO (Philippines) said that the Council should stress human values in its consideration of AIDS. Practices such as abstinence required a sense of self-sacrifice and caring for others. It might be appropriate for such universal human values to be stressed in preventive propaganda as part of an information campaign.

Mr. HADDAD (World Bank) said that the World Bank had cooperated with WHO and donors to secure resources for AIDS-related programmes, and had focused on both human and economic aspects. The country level, in particular, was a fruitful area for coordination, and the World Bank was involved in some 30 projects. Its involvement related to preventing the transmission of HIV/AIDS on the one hand and capacity-building on the other. The agency's cooperation in those two areas would continue.

Mr. BARNETT (United Kingdom), speaking on behalf of the 12 member States of the European Community, said that the coordination segment had been a success in that a genuine dialogue had developed, with some movement in positions. The Council must build on the experience of the current session. Specifically, it was important for agency heads to make statements available in advance and for there to be sufficient time for consideration of the issues raised. The choice of themes for the coordination segment should be made carefully, with linked themes if more than one was chosen. Equally, effective follow-up was essential. The level of resources available to the United Nations system would depend on its effectiveness.

It was his understanding that the Secretariat intended to prepare a list of recommendations that had emerged at the current session for review by the Bureau. He trusted that the Bureau would, in addition, narrow down those proposals and issue a second, shorter list on which the Council could focus.

Mr. MAYRHOFER-GRUNBUHEL (United Nations Office at Vienna), replying to the representative of France, said that AIDS could not be seen as a purely medical problem. It simply was not the case that the related issues could be ignored.

Ms. WARZAZI (Morocco) said that while AIDS was obviously a medical problem the Economic and Social Council members were not medical doctors but were considering the political dimensions of the AIDS crisis. It was

(Ms. Marzaai, Morocco)

essential to coordinate activities to prevent the spread of the disease, to which end consideration should be given to a United Nations information campaign, since the Organization could, in some cases, present information that it would be difficult for national Governments to present.

Mrs. KIMBLE (United States of America) said that her delegation agreed that there had been a useful dialogue at the current session and that there had been the beginning of a discussion of the problems relating to delivery at the field level. She trusted that future sessions would be equally useful. With regard to the Council's recommendations, care should be taken to make them consistent with the recommendations that the specialized agencies would be making to the Global Management Committee later in the year. The Bureau should also identify the key issues on which the Council should focus in future.

The meeting rose at 1.15 p.m.